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May 22, 1980

State MINNESOTA

SECTION 6 FINANCIAL ADMINISTRATION

Citation

42 CFR 433.32
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

Federal Matching of Y2K-Related State Projected Payments to Medicaid and State Children's Health Insurance Program (SCHIP) Providers

Given the uniqueness of the Y2K problem and the desire to avoid disruptions of services to beneficiaries, while also ensuring the ongoing fiscal integrity of the Medicaid and SCHIP programs, HCFA will provide FFP in States' payments based on projected provider claims made in accordance with all of the following terms and conditions during the period January 1, 2000 through March 31, 2000 that are a direct result of State Y2K claims processing problems.

1. FFP is available for payments made to Medicaid and SCHIP providers based on projected provider claims during the period January 1, 2000 through March 31, 2000 that are the direct result of State Y2K claims processing problems. If at any time before March 31, 2000 the State's claims processing system becomes Y2K compliant, FFP will no longer be available for any projected payments made after the date the State's claims processing systems becomes Y2K compliant.
2. The project provider claims for which FFP will be available will be computed by the State as the average of the last 12 months of payments to each provider, or of the period specified in the State's Y2K Contingency Plan. For Managed Care Organizations (MCOs) the State may use the previous month's payment (i.e. December 1999).
3. Once the State determines the average monthly payment to the provider, HCFA will allow the State to claim FFP for their projected payments up to 70 percent of the average monthly payment for institutional providers and capitated MCOs, and up to 50 percent of the average monthly payment for non-institutional providers.

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